

| POSITION                  | INITIALS           | ID NO. | DATE     |
|---------------------------|--------------------|--------|----------|
| FEE DETERMINATION         | <i>[Signature]</i> |        | 07/31/02 |
| O.I.P.E. CLASSIFIER       |                    | 8      | 8-300    |
| FORMALITY REVIEW          | <i>[Signature]</i> | JCSS1  | 09-12-00 |
| RESPONSE FORMALITY REVIEW | <i>[Signature]</i> | 30947  | 03/22/01 |

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 □ ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Best Available Copy

| Claim | Final | Original | Date |
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If more than 150 claims or 10 actions  
staple additional sheet here

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